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CL		LAIMS AS FILED - PA (Column 1)		(Column 2)		SMALL ENT		ŢΥ	OR	OTHER THAN SMALL ENTIT		
FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA		RATE	- (EE.		RÁTI		FEE
TOTAL CLAIMS							1-		0R	1		100
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MULTIPLE DEPEN	DENT CLAIM PR	ESENT	(37 CFR 1.15	5(d))		+ 4	_		OR	× \$	-	
If the difference in column 1 is less than zero, enter "0" in column 2					ا لـــا		-		OR	L+1	₹.	
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·	TOT OF MOCIFI	CE DEPEND	ENI CLAIM (37	CFR 1.16(d))		<i>180=</i>		OR		3/20_		
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If the entry in column 1 is less than the entry in columnt 2; write "0" in column 3.

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